

Fill	in this information to identify your ca	ase.				1						
	otor 1 Robertin Nu											
	otor 2				_							
Uni	ted States Bankruptcy Court for the	: EASTERN DISTRICT	OF PENNSYLVANIA	4	_							
	se number 15-15811-MDC		-			✓ Ar	k if this is n amende supplem	ed filin	•	ost-petitic	on chapter	
\bigcirc	fficial Form B 6I								_	wing date	:	
	-		MM / DD/ YYYY									
Be a	chedule I: Your Incomes complete and accurate as possiblying correct information. If you	sible. If two married peo	ple are filing togeth	er (Debto	or 1	and Debt	or 2), bo	th are	e equall	y respon	12/13 sible for t your	
spo	use. If you are separated and you ch a separate sheet to this form.	r spouse is not filing w	ith you, do not inclu	de inforn	natio	on about	your sp	ouse.	If more	space is	needed,	
Par	t 1: Describe Employment											
1.	Fill in your employment information.		Debtor 1				Debtor 2 or non-filing spouse					
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	✓ Employed				☐ Employed					
		. ,	Not employed		■ Not employed							
		Occupation	The Multi Unit C	compan	у							
	Include part-time, seasonal, or self-employed work.	Employer's name	3650 Salmon St	reet								
	Occupation may include student or homemaker, if it applies.	Employer's address	B16 Philadelphia, PA 19134									
		How long employed t	here?				_					
Par	Give Details About Mor	nthly Income										
	mate monthly income as of the dause unless you are separated.	ate you file this form. If	you have nothing to r	eport for a	any l	line, write	\$0 in the	spac	e. Includ	de your no	on-filing	
	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the informatio	n for all e	mplo	oyers for t	hat perso	on on	the lines	s below. If	you need	
						For Deb	tor 1		or Debto on-filing	or 2 or spouse		
2.	List monthly gross wages, sala deductions). If not paid monthly,	ry, and commissions (b calculate what the month	efore all payroll ly wage would be.	2.	\$	3,	250.00	\$_		N/A	_	
3.	Estimate and list monthly overt		3.	+\$		0.00	+\$		N/A	_		
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	3,25	0.00	5	\$	N/A		

Official Form B 6I Schedule I: Your Income page 1

Debt	or 1	Robertin Nunez	_	C	Case number (if kno	own)	15-15	811-MD	C	
				For Debtor 1			For Debtor 2 or			
								filing sp		
	Cop	y line 4 here	4.		\$ 3,250	.00	\$		N/A	-
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$ 0.	.00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.		·	.00	\$		N/A	-
	5c.	Voluntary contributions for retirement plans	5c.			.00	\$		N/A	
	5d.	Required repayments of retirement fund loans	5d.		\$ 0.	.00	\$		N/A	
	5e.	Insurance	5e.		\$ 0.	.00	\$		N/A	-
	5f.	Domestic support obligations	5f.		\$ 0.	.00	\$		N/A	
	5g.	Union dues	5g.		\$ 0.	.00	\$		N/A	_
	5h.	Other deductions. Specify:	5h.	.+	\$0	.00	+ \$		N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$0	.00	\$		N/A	-
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$3,250	.00	\$		N/A	-
8.	List	all other income regularly received:								
	8a.	Net income from rental property and from operating a business,								
		profession, or farm Attach a statement for each property and business showing gross								
		receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a.		\$ 2,891	.18	\$		N/A	
	8b.	Interest and dividends	8b.		\$ 0.	.00	\$		N/A	-
	8c.	Family support payments that you, a non-filing spouse, or a dependent								•
		regularly receive								
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		\$ 0.	.00	\$		N/A	
	8d.	Unemployment compensation	8d.			.00	\$		N/A	-
	8e.	Social Security	8e.			.00	\$		N/A	
	8f.	Other government assistance that you regularly receive								-
		Include cash assistance and the value (if known) of any non-cash assistance	•							
		that you receive, such as food stamps (benefits under the Supplemental								
		Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$ 0.	.00	\$		N/A	
	8g.	Pension or retirement income	8g.			.00	\$		N/A	-
	8h.	Other monthly income. Specify:	8h.			.00	· · —		N/A	
			_				<u> </u>			¬
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,891	.18	\$		N/A	\
			_							
10.	Cald	culate monthly income. Add line 7 + line 9.	10.	\$	6,141.18	+ \$		N/A =	\$	6,141.18
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			·					
11.	Stat	e all other regular contributions to the expenses that you list in Schedule	J.							
		ude contributions from an unmarried partner, members of your household, your		ende	ents, your roomr	nates	, and			
	other friends or relatives.									
		not include any amounts already included in lines 2-10 or amounts that are not a	availa	able	to pay expense	es liste	ed in S	chedule J 11.		0.00
	Spe	СПУ.					—	11	+ ə	0.00
12.	Add	Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.								
	Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it									0.4.4.40
	app	ies						12.	\$	6,141.18
									Combir	ned
										y income
13.		you expect an increase or decrease within the year after you file this form	?							
	✓	No. Yes. Explain:								
	\Box	100. Explain.								